



WAYNE STATE  
School of Social Work  
Center for Behavioral Health and Justice

# COVID-19 Mitigation Strategies in County Jails

TESTING, CONTACT TRACING, INFORMATION SHARING, AND DISCHARGE PLANNING IN COUNTY JAILS

Friday, December 11, 2020

# Agenda



## Welcome & Opening Remarks

CBHJ WELCOME  
Endorsement  
Collaboration & Key Stakeholders

## Wayne County's Story

Introduction  
COVID-19 Timeline  
COVID-19 in WCJ data and Updates  
Next Steps



## Mitigation Strategies

Testing  
Contact Tracing  
Information Sharing  
Discharge Planning



## Panel Discussion

*Sheryl Kubiak*, PhD, MSW: Dean of WSU-School of Social Work & Center for Behavioral Health and Justice  
*Teena Chopra*, MD, MPH, FACP, FIDSA, FSHEA: WSU Professor of Medicine- Division of Infectious Diseases & Corporate Medical Director, Infection Prevention, Epidemiology, and Antibiotic Stewardship, DMC and WSU  
*Heather A. Walter-McCabe*, JD, MSW: Associate Professor for WSU-School of Social Work & WSU School of Law  
*Lance Gable*, JD, MPH: Associate Professor & Faculty Director for WSU School of Law  
*Jennifer Caruso*, MSNM: Division Director of Clinical Services for Wayne County Department of Health, Human and Veterans Services  
*Robert Dunlap*, Chief of Jails & Court Operations for Wayne County Sheriff's Office



## Questions & Answers

## Conclusion & Closing Remarks

*Brad Ray*, PhD: Director of Center for Behavioral Health and Justice  
*Anna Gonzales*, MPH: CDC Foundation COVID-19 Senior Advisor

# Zoom Housekeeping

Slides will be made available on the CBHJ Website after today's webinar

This session will be recorded and made publicly available- check <https://behaviorhealthjustice.wayne.edu/coronavirus/community-of-practice> for updates

We may answer content related questions as we go along, but also at the end of the presentation during the Q&A discussion with panelist (*Q/A Chatbox*)

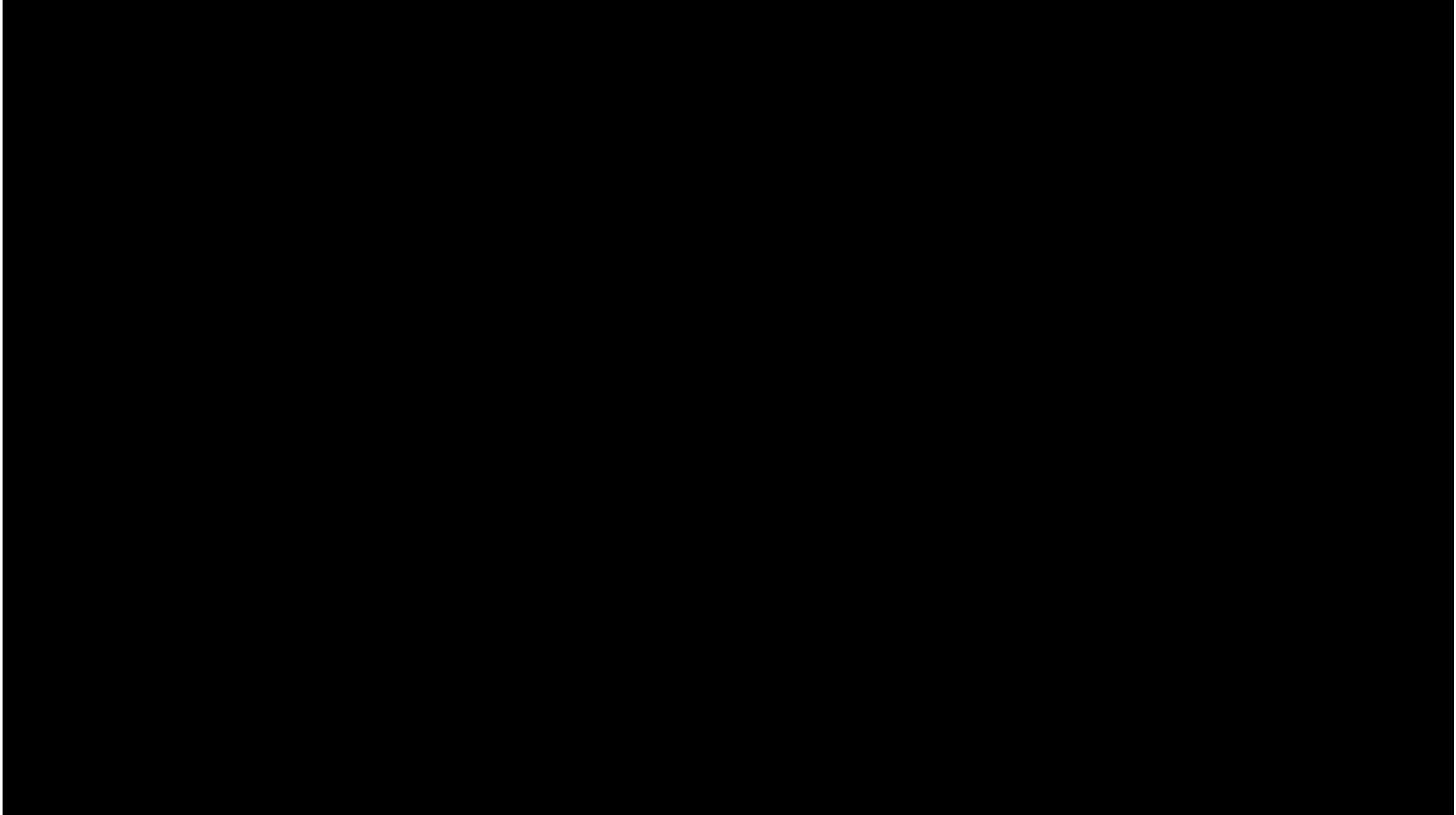
Please, don't forget to fill out the **post-webinar survey** 😊



WAYNE STATE  
School of Social Work  
Center for Behavioral Health and Justice

We envision communities in which **research, data, and best practices** are used by multiple stakeholders to *enhance the optimal well-being of individuals with mental illness and/or substance use disorders who come in contact with the criminal/legal system.*





# Collaboration & Key Stakeholders



**WAYNE STATE**  
Law School



School of Medicine



Third Judicial Circuit  
of Michigan



**CDC Foundation**  
Together our impact is greater

**Community Foundation**

**FOR SOUTHEAST MICHIGAN**

*Michigan Justice Fund housed at CFSEM*

# Wayne County's Story

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**Robert Dunlap, M.L.S., M.S.**  
Chief of Jails and Court Operations,  
Wayne County Sheriff's Office



**Jennifer Caruso, M.S.N.M.**  
Division Director, Wayne County  
Department of Health, Human and  
Veterans Services




**Kattie Snow**  
Contract Service Manager for Jail Health,  
Wayne County Department of Health,  
Human and Veterans Services

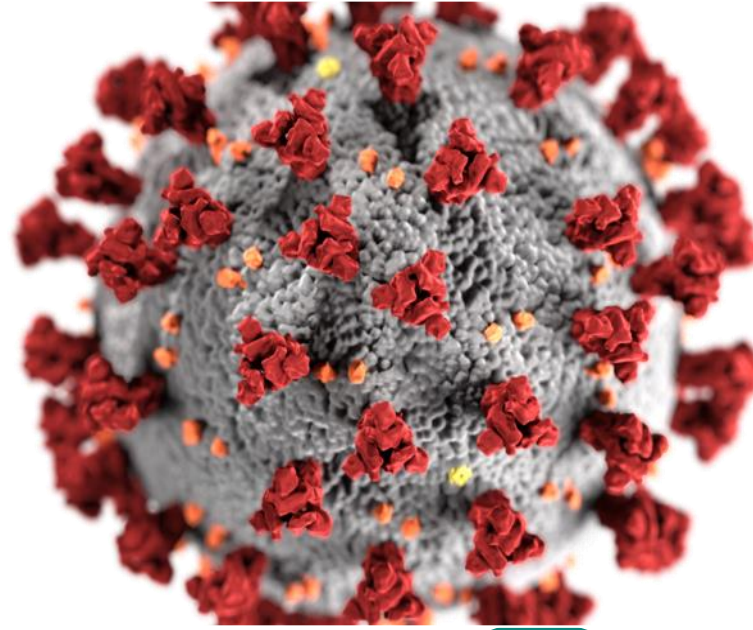


# Wayne County's Story: Introduction



**Wayne County Jail (WCJ)**

<b>3 Jails</b>	<b>Division I</b>	<b>1,285</b>	
	<b>Division II</b>	<b>770</b>	
	<b>Division III</b>	<b>896</b>	



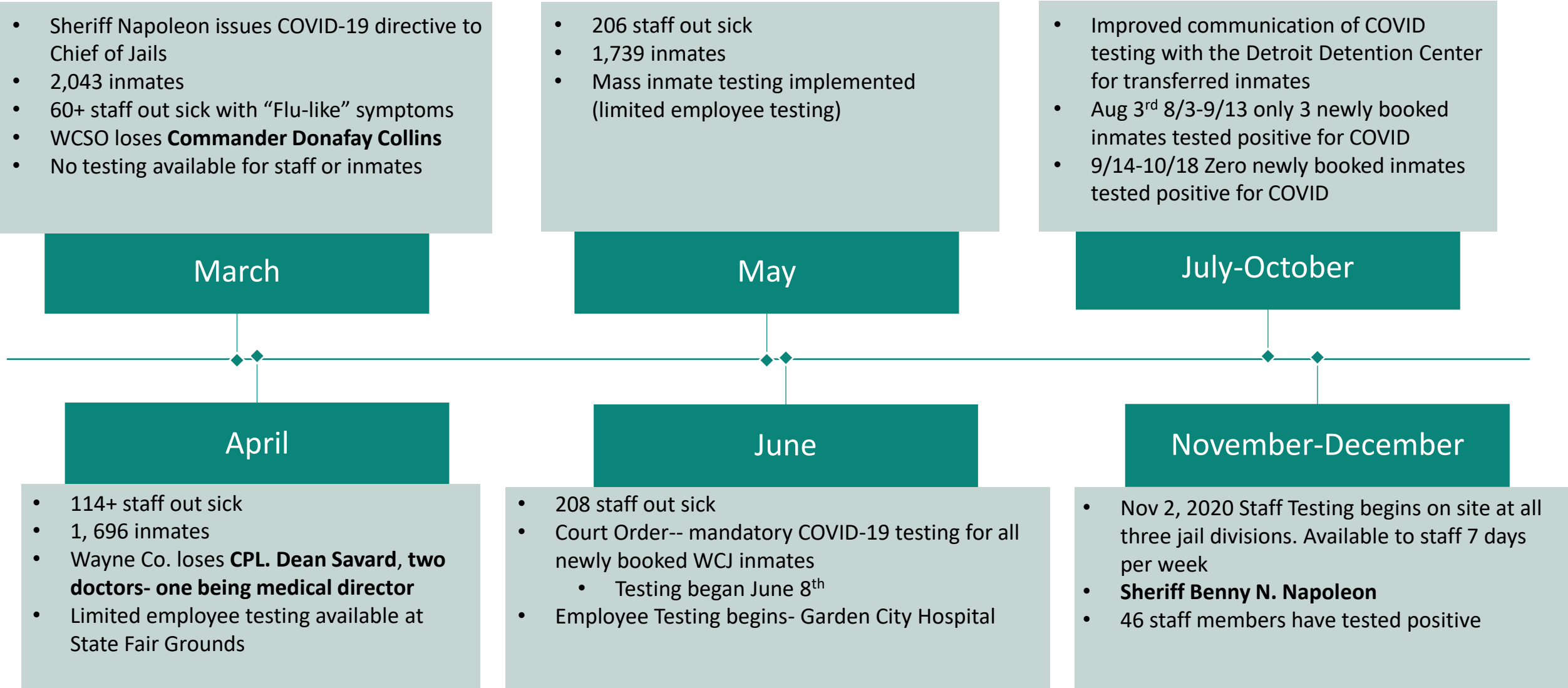
**At start of Pandemic**  
**2,000+ Inmates in Wayne County**  
**Sheriff Napoleon issues COVID-19 directive to Chief of Jails**



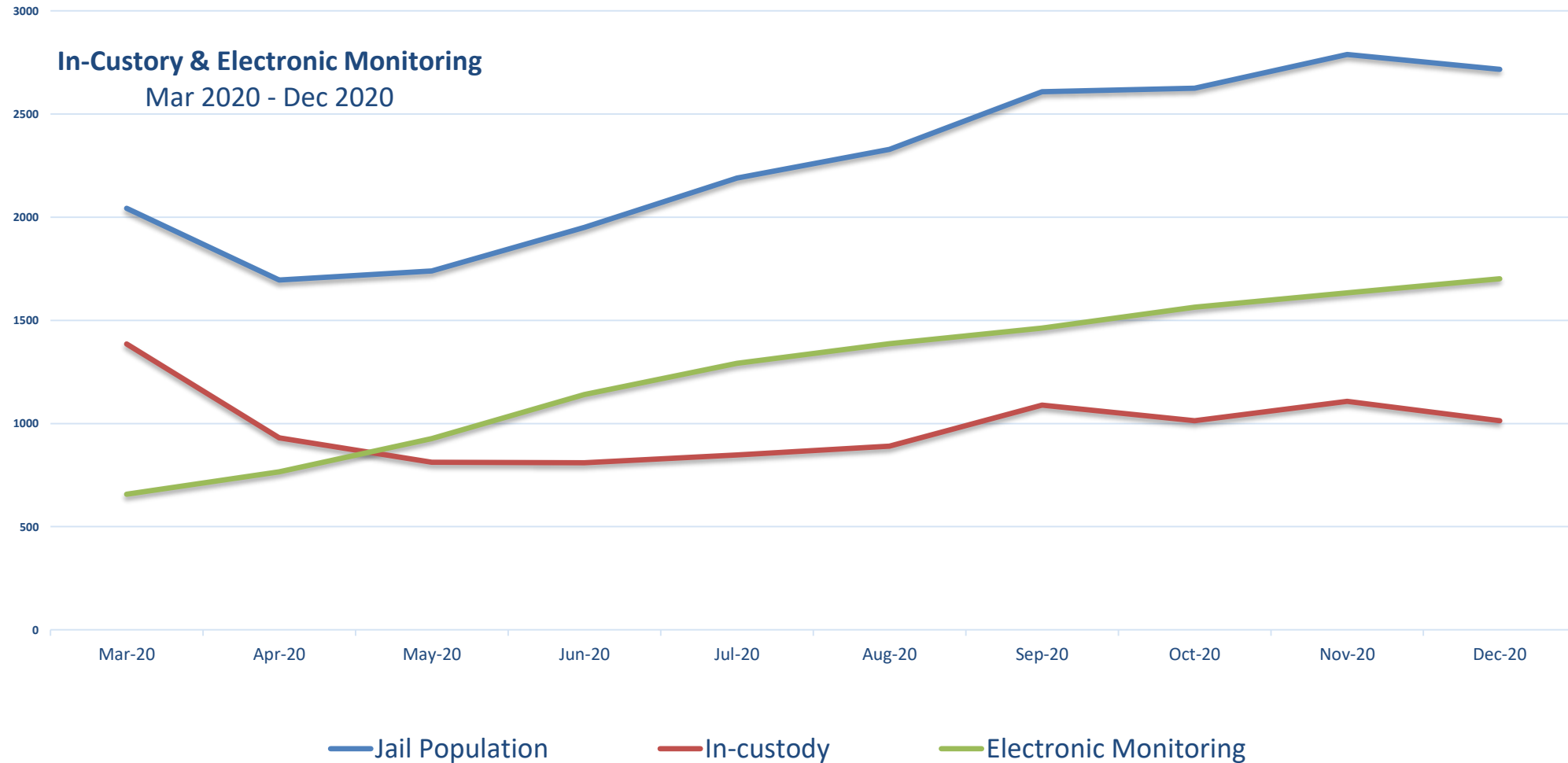
**Moving from Testing to Prevention**  
**Implementation of COVID-19 Mitigation Strategies**



# Wayne County's Story: Timeline



# Wayne County's Story: Successes



# Wayne County's Story: Updates

## Disease Intervention Specialists

- ❑ COVID-19 Mitigation and Prevention- Game Changers

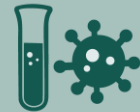
## Flu Vaccination

- ❑ Flu vaccination offered to all inmates beginning in October



## Low COVID-19 Test Refusals

- ❑ Current refusal rate is below 1%
- ❑ Educating inmates on testing and its importance
- ❑ Educating inmates on their two choices
- ❑ Asking EVERY day for 14 days
- ❑ Building a level of trust by communicating results and answering questions.
- ❑ Cumulative Positivity Rate for inmates is 2%



## COVID-19 Staff Testing

- ❑ Routine on-site PCR diagnostic testing for employees
- ❑ COVID questionnaire and temperature checks for all staff
- ❑ Increased education on the importance of appropriate mask usage, hand hygiene, and disinfecting workspaces
- ❑ Exposed housing units are placed on a 14-day quarantine and tested
- ❑ Tracking location of positive cases
- ❑ 2,805 staff have been tested for COVID-19 to date, since March 2020 (number includes staff who tested more than once)
- ❑ 241 employees have tested positive.



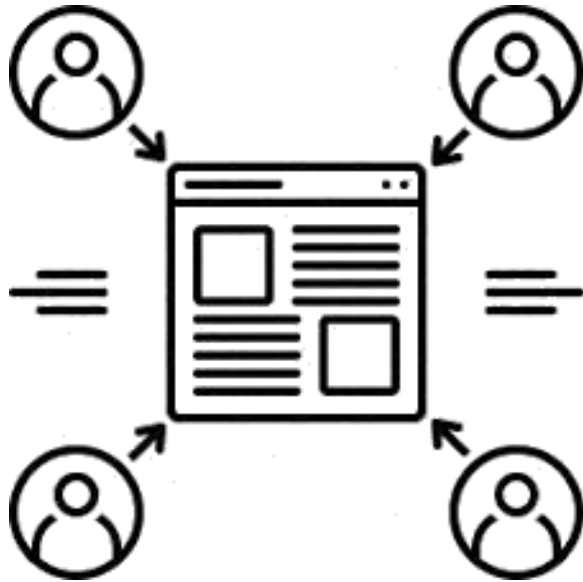
# COVID-19 Mitigation Strategy #1: COVID-19 Testing

*Implementation of routine diagnostic testing plans.*



# COVID-19 Mitigation Strategy #1: Testing

A key part in mitigating the spread of COVID-19 is in **identifying symptomatic and asymptomatic carriers.**



**Testing strategies will vary** in each jail- depending on population size, positivity rates in jail and community, access to resources.

CDC recommendations include no more than one test within a 24 hour period- includes individuals re-entering the facility.



# COVID-19 Mitigation Strategy #1: Testing

## Diagnostic Testing

Test	Administration	Type
<b>Diagnostic Testing</b> measures presence of <b>current</b> infection.	Administered by health care provider	Nasopharyngeal (NP)
		Oropharyngeal (OP)
		<b>Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW)</b>
	Option to self-administer (supervised or at home) or done by healthcare provider	<b>Nasal mid-turbinate swab</b> ( <u>provider or supervised self-administer</u> )
		<b>Anterior nares (nasal swab)</b> ( <u>provider, home self-administer, or supervised self-administer</u> )
		<b>Saliva</b> ( <u>at-home self-administered</u> )

### Staff Testing

- Implement routine testing for all staff entering the jail facilities
- Implement symptom and temperature checks into daily routine.
- Jail staff that have come into contact with someone who has the COVID-19 virus should let their supervisor know (self quarantine for 10-14 days and be re-tested prior to returning to work)





# COVID-19 Mitigation Strategy #1: Testing

## Key Considerations

Testing strategies should include **input from the jail medical provider and/or a local public health department personnel.**

**Test individuals booked into the jail and staff who interact with these detainees.**

Having **more than one provider** can increase efficiency in timing in getting results.

**Create flexible testing times for staff.**

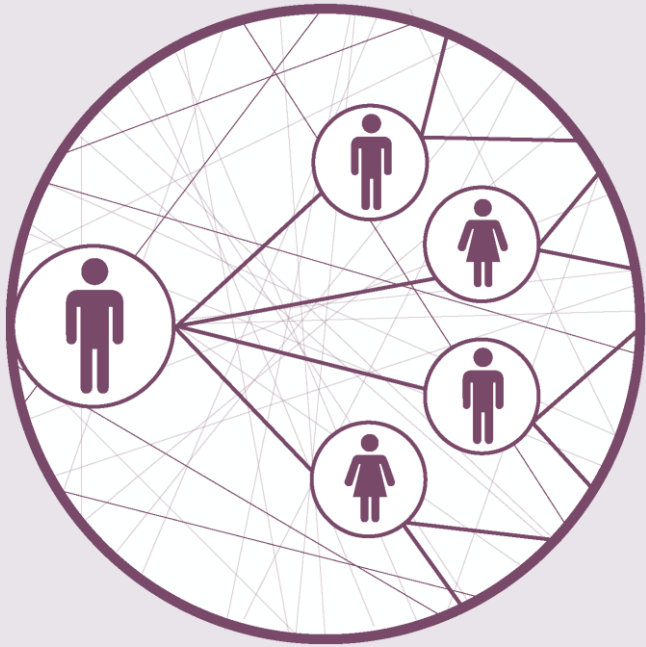
**Expanding or retracting testing** may be appropriate in counties based on changes in community transmission and jail transmission rates of COVID-19.

Occupational Safety and Health Administration (OSHA) designates COVID-19 as a recordable illness under its guidelines and, therefore, **requires the workplace to keep a record of COVID-19 infections in the workplace.**

**Testing of unionized employees** should begin with an **examination of the collective bargaining documents.**

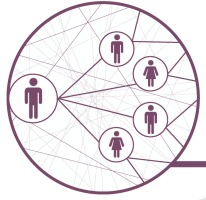
**Testing policy must be objectively applied** and should not target any specific high-risk groups which could implicate any concerns for discrimination under the Americans with Disabilities Act

**Pooled testing** may be appropriate in jurisdictions based on community transmission of COVID-19 and within the facility based on contact with others.



# COVID-19 Mitigation Strategy #2: Contact Tracing

*Collaboration with the health department to collect information and follow-up.*



## COVID-19 Mitigation Strategy #2: Contact Tracing

Contact tracing is a public health tool used to identify and notify the recent contacts of someone who has COVID-19

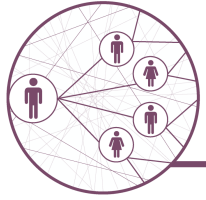


CDC recommends that **people with the training and access to social and medical support** for patients conduct contact tracing

Recommendations include **tracing all contacts from the 48-hours prior to symptoms** and in the case of **asymptomatic cases, 48-hours prior to testing.**

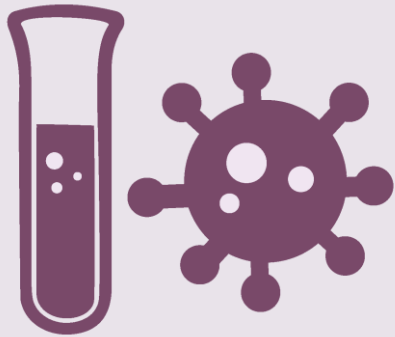
Includes **anyone that came in contact with the detained individual** and were within **6 feet** of that person for at least **15 minutes**, starting from **48 hours prior to showing symptoms.**

*Note: The objective is to identify cases or locations that can break the transmission chain.*



# COVID-19 Mitigation Strategy #2: Contact Tracing

## Facility Contact Tracing



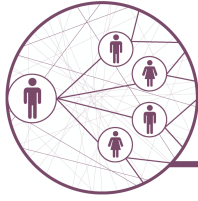
Occur when individual tests positive for Coronavirus (COVID-19) or exhibits symptoms

- Shortness of breath
- Fever
- Cough
- Loss of taste/smell



Contact tracing can be conducted by onsite jail staff with appropriate testing and quarantine procedures initiated such as:

- Housing COVID-19 positive individuals together, away from the non-infected population.
- Developing transitional plans for individuals that have been placed in isolation or quarantine or who require close monitoring.



# COVID-19 Mitigation Strategy #2: Contact Tracing

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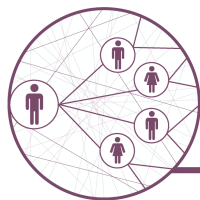
## Community Contact Tracing

### Michigan Disease Surveillance System (MDSS)

- Used by local health departments to record positive cases and their contacts
- Permission can be granted for someone within the jail to enter the COVID-19 positive case information directly into MDSS
- In Michigan, contact tracing for positive COVID-19 can be conducted by the state or, when a high-risk population is involved

It is vital to trace COVID-19 positive cases within the community as:

- Jails are considered high risk (*like other congregate living facilities*)
- Many people cycle quickly through jail and might be released prior to receiving test results.
- Local and state efforts can now be coordinated through the MDSS via the Outbreak Management System (e.g., TraceForce)



# COVID-19 Mitigation Strategy #2: Contact Tracing

## DIS Contact Tracing Form

### Appendix D: Sample Disease Intervention Contact Tracing Form

Disease Intervention Specialist: \_\_\_\_\_ Booking #: \_\_\_\_\_

Patient Contact Form – Infectious Disease: COVID-19

Date of Data Collection: \_\_\_\_/\_\_\_\_/2020 Date of Booking: \_\_\_\_/\_\_\_\_/2020

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex at Birth: Female // Male Race: \_\_\_\_\_

Gender Identity (circle one): Female / Male / F to M Transgender Male / M to F transgender Female / Other / Decline

Marital Status (circle one): Single / Married / Separated / Divorced / Remarried / Engaged / Widowed / Cohabiting

Division currently housed (circle one): Division I Division II Division III

Patient's address (pre-booking) : \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient phone #(s): \_\_\_\_\_ / \_\_\_\_\_ Patient Email: \_\_\_\_\_

HIV status (circle one): Unknown / Positive / Negative Date of last HIV Test (if known): \_\_\_\_\_ Close

#### Contacts:

	Relationship	Name	DOB	Phone	Address
1.	Household Frequent Visitor Significant Other				
2.	Household Frequent Visitor Significant Other				
3.	Household Frequent Visitor Significant Other				
4.	Household Frequent Visitor Significant Other				
5.	Household Frequent Visitor Significant Other				

6.	Household Frequent Visitor Significant Other				
7.	Household Frequent Visitor Significant Other				
8.	Household Frequent Visitor Significant Other				
	Arresting Officer(s) Booking Officer(s)				Agency:

Date: 06/14/2020

Charge Type (circle): FELONY // MISDEMEANOR

confidential

Has a Covid-19 test been conducted (circle)? PCR NP Swab? YES // NO Antibody/Serology? YES // NO  
Date of testing: \_\_\_\_/\_\_\_\_/2020

#### SYMPTOMS (circle all apply):

Shortness of Breath / Cough / Sore Throat / Fever / Chills / New loss of taste or smell / Diarrhea / Nausea / Vomiting

Results of COVID-19 PCR Nasopharyngeal (NP) Swab test (circle one): Positive // Negative

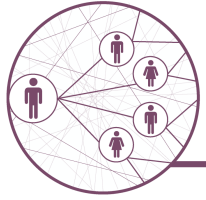
Results of Serology (COVID-19 Antibody) test (circle one): Positive // Negative If positive, list value: \_\_\_\_\_

DIS reported COVID-19 test results to inmate on (insert date): \_\_\_\_/\_\_\_\_/2020

DIS Additional Notes:

[Click here to access DIS Form](#)





# COVID-19 Mitigation Strategy #2: Contact Tracing

## Key Considerations

**Collect contact information from the individual and whom they may have come in contact** with during the prior 48-hours during the booking process, along with first responder contact information when possible.

With the information shared by the justice-involved individual, **public health workers will notify contacts and assist in arranging for proper isolation, information on testing location, encouragement to follow up with a doctor as needed, and identifying others** they may have come into contact with.

**A designated person in the facility**, such as a disease intervention specialist, will help in risk reduction and COVID-19 mitigation strategies (i.e., contact tracing).

If individuals have been released prior to receiving a positive or negative test result, **work with the local health department to contact that individual for contact tracing purposes.**

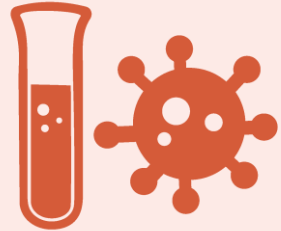


## #3: Information Sharing

*Developing data collection, management, and sharing protocols with key partners*



# COVID-19 Mitigation Strategy #3: Information Sharing



## Test Results:

- Testing may occur at different times.
- Booking lists ensure that you have accounted for the full population entering the jail.
- Designated staff person(s) should record the date an individual was tested, which test(s) they received, and the date test results were received.
- Refusals and mitigating circumstances which prevented testing should be documented.



## Prevalence Rates:

- Aggregate booking numbers provide the jail with their COVID-19 prevalence rate (proportion or percentage of COVID-19 cases in the population at a given time).



# COVID-19 Mitigation Strategy #3: Information Sharing



## Sharing Information with Detainees:

- Those who are released prior to receiving their results should receive communications (phone calls, texts, or mail) with their results.
- Effective communication of test results may decrease individual anxiety and mistrust between medical professionals and communities.

## Sharing and Receiving Information Involving Jail Staff:

- Jails may implement requirements for routine testing of staff. If such a requirement is issued, jail administration may require documentation of testing.

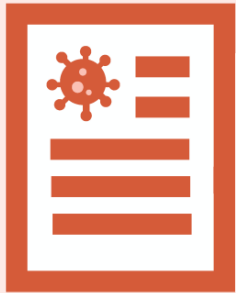
## Sharing Information with Public Health:

- Links with the local health department and protocols for sharing the information need to be implemented to connect jail COVID-19 mitigation strategies to the broader community.



# COVID-19 Mitigation Strategy #3: Information Sharing

## Key Considerations



**Collect information for all individuals being detained** and booked into the facility, as well as, **staff testing results.**



Public health workers or other designated staff person(s) implementing COVID-19 risk reduction strategies and protocols within the jail, should have, but not be limited to the following: **computer literacy skills, including data management experience and public health knowledge, cultural competency, humility, and motivational interviewing skills.**



At a minimum, each jail will need to **identify a person or people responsible for the data collection and management.**



**Share collected data with your local health department** and collaborate to make data-driven decisions; Utilizing the Michigan Disease Surveillance System (MDSS) to track COVID-19 data has proven to be efficient- access can be gained through local public health department.



## #4: Discharge Planning

*Assuring those with COVID-19 are provided information upon release.*





# COVID-19 Mitigation Strategy #4: Discharge Planning



Discharge plans should be remotely managed and facilitated given the move to teleservices, if possible.



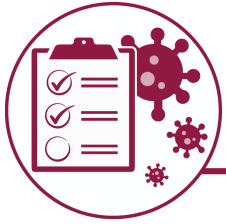
This creates more flexibility for providers that may not be allowed in the jail.



As community stakeholders, service providers, correctional, administrative and medical staff navigate the implementation of services during COVID-19, they must work collaboratively.

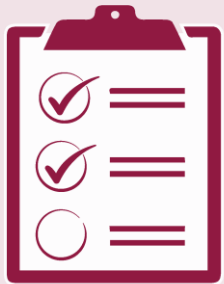


**Where needed, discharge planning should assist in planning for the following supports:** Transportation, Clothing, Food, and Amenities, Financial Resources, Documentation, Housing, Employment, Education, Healthcare, and Support Systems



# COVID-19 Mitigation Strategy #4: Discharge Planning

## Key Considerations



**Review the current discharge planning processes and procedures** to establish strategies that inform and provide services to those who test COVID-19 positive and/or have additional needs (i.e., behavioral health).

**Create alternative methods to conduct in-jail provider services** (i.e., telehealth services for behavioral health sessions and services between providers and detainees).

If possible, **utilize DIS to facilitate additional screenings at booking.**



**Work with community providers to establish a process for a “warm handoffs”**- processes that link the released individual with needed community resources services, including provider referrals.

Consider developing a release plan that **informs individuals being released of their COVID-19 test results.**

Develop or identify a **brief packet of information** that shares basic public health information on COVID-19, local resources that are low-cost or free, easily accessible resources, and any additional information needed to help mitigate the spread of COVID-19 in a safe and efficient way to be shared with individuals upon release.

# Lessons Learned

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**Collaboration:** building solid relationships with local and state health departments to engage in this work.

**Philosophical Orientation:** Consensus building on best practice standards.

**Role and Responsibilities:** clear understanding of expectations around roles and tasks

**Routine Communication:** Create discussions and agendas around prevention efforts

**Develop a Champion or Leader:** Choosing a person with beliefs in the importance in leading these efforts

**Communication:** a key factor in addressing fear and stigma among individuals coming into the jail.

**Helping All to Understand:** tailored messages and developing strategies to reduce potential spread of the virus.

**Pre-Existing Conditions:** Addressing how health conditions can put individuals at higher risk for contracting COVID-19

**Access to Proper Hygiene and Proper Protective Equipment:** regular access to hygiene and sanitation materials is critical in a the jail environment.

# Panel Discussion



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**Sheryl Kubiak,  
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Services

# Next Steps

January 28th at 1pm

## ***Exploring Jail Setting for Public Health Professionals***

Feedback

Toolkit Updates

Peer Facilitation

The screenshot shows the Wayne State University website. At the top, there is a navigation bar with the Wayne State University logo, the text "WAYNE STATE UNIVERSITY", and a "WARRIOR STRONG" slogan. Below the navigation bar is a dark green header for the "Center for Behavioral Health and Justice". A left sidebar contains a menu with items: "About", "Research and projects", "Reports, publications and resources", "Student experiential learning", "Events", "Careers", and "Contact us". The main content area features a large image of a jail hallway with red virus icons and four circular icons representing testing, contact tracing, and discharge planning. Below the image is the title "COVID-19 Testing and Contact Tracing within County Jails in Michigan" and a subtitle "Recommended Best Practices for Implementation of Testing, Contact Tracing, and Discharge Planning". There are buttons for "COVID-19 Resources", "Join our mailing list", and "Contact us". At the bottom, it lists the compilers: Brad Ray, Ph.D.; Sheryl Kubiak, Ph.D., M.S.W.; Tyler Logan, M.A.; Bianca Burch, M.A., M.S.W.; and Stacey Campbell, B.A. A note states: "Please note: This toolkit is for informational and educational purposes only."

[behaviorhealthjustice.wayne.edu/coronavirus](https://behaviorhealthjustice.wayne.edu/coronavirus)

*Thank you*

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